## PATENT APPLICATION FEE DETERMINATION RECORD

...pplication or Docket Number

10/787340

| Effective October 1, 2000                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                  |                      |                                   |              |                                       |          |                    | 971                                              | , (           | 71 74                                 | ro                     |
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| _                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                  |                      | FILED - PART (Column 1)           |              | (Column 2)                            |          | SMALL ENTITY TYPE  |                                                  | OR            | OTHER THAN                            |                        |
| TOTAL CLAIMS                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                  |                      |                                   | CH X         |                                       |          | RATE               | FEE                                              | ٦             | RATE                                  | FEE                    |
| FOR                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                  | NUMBER FILED         |                                   | NUMBER EXTRA |                                       | 1        | BASIC FE           | <del></del>                                      |               | BASIC FEE                             | <del> </del>           |
| TOTAL CHARGEABLE CLAIMS                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                  | <b>∂</b> 1 minus 20= |                                   | . ,          |                                       | t .      | X\$ 9=             | -                                                | OR<br>OR      |                                       | <b></b>                |
| INDEPENDENT CLAIMS                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                  | minus 3 =            |                                   | · ·          | · · · · · · · · · · · · · · · · · · · | 461      |                    | <del>                                     </del> | - <b>i</b> .! | X\$18=                                | 18                     |
| MULTIPLE DEPENDENT CLAIM P                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                  | L                    |                                   | L            |                                       | a65      |                    | <u> </u>                                         | OR            | X80=                                  |                        |
| -<br> -                                                                                                                                                                                                                                                                  | the difference                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | a in column 1 in                 | less than -          | <del></del>                       | yes          |                                       | aba      | +135=              |                                                  | OR            | +270=                                 | org                    |
| * If the difference in column 1 is less than zero, enter "0" in column 2                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                  |                      |                                   |              |                                       |          | TOTAL              |                                                  | OR            | TOTAL                                 |                        |
| CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                  |                      |                                   |              |                                       |          | CMALL              | ENTITY                                           | 00            | OTHER                                 |                        |
|                                                                                                                                                                                                                                                                          | CLAIMS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                  |                      | HIGH                              |              | (Column 3)                            | l r      | SWALL              |                                                  | OR<br>1       | SMALL                                 |                        |
| AMENDMENT A                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | REMAINING<br>AFTER<br>AMENDMENT  |                      | NUMI<br>PREVIO<br>PAID            | DUSLY        | PRESENT<br>EXTRA                      |          | RATE               | ADDI-<br>TIONAL<br>FEE                           |               | RATE                                  | ADDI-<br>TIONAL<br>FEE |
|                                                                                                                                                                                                                                                                          | Total                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | . 25                             | Minus                |                                   | 7            | = 4                                   |          | X\$ 9=             |                                                  | OR            | X\$18=                                | 22                     |
|                                                                                                                                                                                                                                                                          | Independent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ENTATION OF MI                   | Minus                |                                   | <u> </u>     | <u> </u>                              |          | X40=               |                                                  | OR            | X80≒                                  | F4                     |
| L                                                                                                                                                                                                                                                                        | 11101111232                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | INTATION OF MIC                  | DETIPLE DET          | PENDENT                           | CLAIM        |                                       |          | +135=              |                                                  | OR            | +270=                                 | ,                      |
|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                  |                      |                                   |              |                                       |          |                    |                                                  |               | TOTAL                                 | أنو الشهوا             |
| ADDIT. FEEOH ADDIT. FEI                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                  |                      |                                   |              |                                       |          |                    |                                                  |               | ADDIT. FEE                            |                        |
|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (Column 1)<br>CLAIMS             | Hole Del good        | (Colum                            |              | (Column 3)                            | 1 -      |                    | T                                                |               | · · · · · · · · · · · · · · · · · · · |                        |
| AMENDMENT B                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | REMAINING<br>AFTER<br>AMENDMENT  |                      | NUME<br>PREVIO<br>PAID F          | USLY         | PRESENT<br>EXTRA                      |          | RATE               | ADDI-<br>TIONAL<br>FEE                           |               | RATE                                  | ADDI-<br>TIONAL<br>FEE |
|                                                                                                                                                                                                                                                                          | Total                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | •                                | Minuş                | **                                |              | =                                     |          | X\$ 9=             |                                                  | OR            | X\$18=                                |                        |
|                                                                                                                                                                                                                                                                          | Independent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | *                                | Minus                | ***                               |              | =                                     |          | X40=               |                                                  |               | X80=                                  |                        |
|                                                                                                                                                                                                                                                                          | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                  |                      |                                   |              |                                       | <b>!</b> |                    | -                                                | OR            | 7.00-                                 |                        |
|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                  |                      |                                   |              |                                       | L        | +135=              |                                                  | OR            | +270=                                 |                        |
|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                  |                      |                                   |              |                                       | Α        | TOTAL<br>DDIT. FEE |                                                  | OR ,          | TOTAL<br>ADDIT. FEE                   |                        |
|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (Column 1)                       |                      | (Colum                            |              | (Column 3)                            |          |                    |                                                  |               |                                       | -                      |
| AMENDMENT C                                                                                                                                                                                                                                                              | The transfer of the same of th | CLAIMS REMAINING AFTER AMENDMENT |                      | HIGHE<br>NUMB<br>PREVIO<br>PAID F | BER<br>USLY  | PRESENT<br>EXTRA                      |          | RATE               | ADDI-<br>TIONAL                                  |               | RATE                                  | ADDI-<br>TIONAL        |
|                                                                                                                                                                                                                                                                          | Total                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | •                                | Minus                | **                                |              | =                                     |          | X\$ 9=             | FEE                                              | Ì             | V#10                                  | FEE                    |
|                                                                                                                                                                                                                                                                          | Independent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | •                                | Minus                | ***                               |              | =                                     | ╽┟       |                    |                                                  | OR            | X\$18=                                |                        |
|                                                                                                                                                                                                                                                                          | FIRST PRESE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | NTATION OF MU                    | LTIPLE DEF           | ENDENT                            | CLAIM        |                                       |          | X40=               |                                                  | OR            | X80=                                  |                        |
| If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ADDIT SEE                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                  |                      |                                   |              |                                       |          |                    |                                                  |               |                                       |                        |
| ****If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ADDIT. FEE ADDIT. FEE ADDIT. FEE ADDIT. FEE  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                  |                      |                                   |              |                                       |          |                    |                                                  |               |                                       |                        |
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